Supplementary Technical Definitions 2016/17: Activity

Contents

Supplementary Technical Definitions 2016/17: Activity

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Version	Date	Line	Amendment History
First	30-12-2015	Original	
Second	02/03/2016	E.M.10 Appendix B	Updated to include addition of lines 'E.M.10.a' and 'E.M.10.b' Table updated to reflect addition of E.M.10.a and E.M.10.b

Executive Summary

The purpose of this Technical Definitions document is to describe the activity indicators in Delivering the Forward View: NHS Planning Guidance For 2016/17-2020/21 and to set out for each measure definitions, monitoring, accountability and planning requirements.

Activity here consists of: referrals, inpatient, outpatient, A&E attendances, diagnostics, suspected cancer referrals, cancer treatments, and completed admitted and non-admitted RTT pathways.

This is supplementary to the document ‘Technical Definitions for Commissioners 2016/17’.

SUS Methodology

All planned activity lines using SUS tNR (SEM) data monitoring use shared logic to define the period (attendances occurring or spells ending in the month), the Responsible purchaser type ("CCG") and code (based on the Commissioner Assignment Method).

- Total A&E attendances are then taken directly from SUS with no further restrictions
- Admitted patient care (APC) spells are derived from the spells table in SUS, linked to episodes where needed for derivation or categorisation, using derived management type to define the elective and non-elective lines
- Outpatient attendances (OP) are defined by derived attendance type ("Attend"), using derived appointment type to define first and follow-up.

In addition, APC and OP activity is restricted to either specific acute or total activity as described here.

Note: Specific acute replaces what was previously known as general and acute (G&A). The spell treatment function code (TFC) and main specialty (MS) are as at discharge (since data completeness was insufficient to use the dominant value in the tNR).

Firstly, APC and OP activity is grouped by TFC into the categories:

- TFC Acute (previously G&A)
- TFC Maternity – TFC 501 + 560
- TFC Mental Health & Learning Disabilities – TFC 700 to 727
- TFC Well Babies – TFC 424 only
- TFC Other – largely therapies
- TFC Unknown – data quality inadequate to categorise

The TFC categories 'Well Babies', 'Other' and 'Unknown' are excluded from Total activity. The full breakdown of TFCs into the categories is given in Appendix A.

The annual total activity lines do not contain data where the treatment function code has not been specified or is TFC 424 – Well Babies. Additionally, a subset of TFCs classified as other has been excluded for the following reasons:

- They tend to be therapies undertaken in a hospital setting
- A large proportion of the activity is considered to be non-consultant
- They represent a small proportion of the overall total

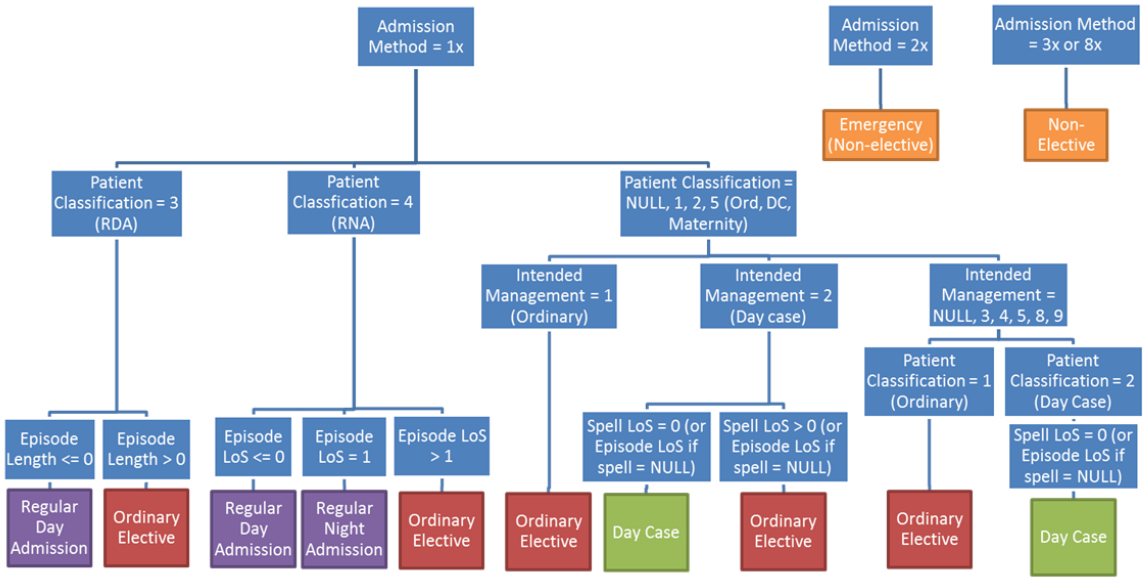
It was also agreed that outpatient activity should be further restricted to consultant led by applying a filter based on main specialty:

- Non-consultant – MS 560 Midwife episode
- Non-consultant – MS 950 Nursing episode

- Non-consultant – MS 960 Allied Health Professional episode
- Consultant – All other MS including not known

For APC spells: *Der_Management_Type*

The following diagram summarises the way in which this field is determined:



This results in the following list of codes:

Code	Description
DC	Day Case
EL	Elective
EM	Emergency
NE	Non Elective
RDA	Regular Day Attenders
RNA	Regular Night Attenders
UNK	Unknown

This is derived using Admission Method, Patient Classification; Intended Management and the Length of Stay (i.e. difference between Admission Date and Discharge Date).

For OP attendances: *Der_Appointment_Type*

This takes the First_Attendance field and maps to the following lookup for ease of reporting:

Code	Data Dictionary Description	Description in tNR
1	First attendance face to face	New
2	Follow-up attendance face to face	FUp
3	First telephone or telemedicine consultation	New
4	Follow-up telephone or telemedicine consultation	FUp
5	Referral to treatment clock stop administrative event	N/A

For OP attendances: *Der_Attendance_Type*

The Der_Attendance_Type field uses a combination of First_Attendance and Attendance_Status to determine the type of attendance.

If the contents of the First_Attendance field = 5 i.e. Referral to treatment clock stop administrative event then the Der_Attendance_Type = Admin Event

Otherwise the code looks at the contents of the Attendance_Status field and maps as follows:

Code	Data Dictionary Description	Description in tNR
0	Not applicable - appointment occurs in the future	Unknown
2	Appointment cancelled by, or on behalf of, the patient	Cancel (Pat)
3	Did not attend - no advance warning given	DNA
4	Appointment cancelled or postponed by the health care provider	Cancel (Hos)
5	Attended on time or, if late, before the relevant care professional was ready to see the patient	Attend
6	Arrived late, after the relevant care professional was ready to see the patient, but was seen	Attend
7	Patient arrived late and could not be seen	DNA

Blanks, nulls and any codes not included in the table above are also classed as unknown.

E.M.1: Total Referrals for a First Outpatient Appointment (All Specialties)

DEFINITIONS

Detailed Descriptor:

Sum of written referrals from GPs and 'Other' referrals, for a first outpatient appointment across all specialties.

Lines Within Indicator (Units):

Sum of 'Number of GP written referrals in the period' and 'Number of other referrals in the period'.

Data Definition:

The total number of GP written **AND** other (non-GP) Referral Requests for a first Consultant Outpatient Episode in the period.

Written GP referrals-
Is the total number of GP written referrals where:

- Referral Request Type = National Code 01 'GP referral request'
- Written Referral Request Indicator = classification 'Yes'

An electronic message should be counted as written, as should a verbal request which is subsequently confirmed by a written request.

Data should be reported for the sum of all consultant specialties (see Annex A of Quarterly Activity Return guidance for complete list).

Other (non-GP) referrals-
is the total number of referrals requests excluding:

A. GP written referrals; these are where the referral request type of the referral request is National Code 01 'GP referral request' and the written referral request indicator of the referral request is classification 'Yes'.

B. Self-referrals; these are where the referral request type of the referral request is National Code 04 'Patient self-referral request'.

C. Initiated by the consultant responsible for the Consultant Out-Patient Episode referrals; these are where the source of referral for out-patients of the referral request is National Code 01 'following an emergency admission' or 02 'following a domiciliary visit' or 10 'following an Accident And Emergency Attendance' or 11 'other'.

D. Referrals initiated by attendance at drop-in clinic without prior appointment; these are where the out-patient clinic referring indicator of the referral request is classification 'Attended referring Out-Patient Clinic without prior appointment'.

The total number of other Referral Requests (written or verbal) for a first Consultant Out-Patient Episode in the period all referral requests to a Consultant whether

directed to a specific consultant or not, should be recorded, regardless of whether they result in an outpatient attendance.

The referral request received date of the referral request should be used to identify referrals to be included in the return.

Data should be reported for the sum of all consultant specialties (see Annex A of Quarterly Activity Return guidance for complete list)

MONITORING AND ACCOUNTABILITY

Monitoring Frequency: Quarterly

Monitoring Data Source: Quarterly Activity Report (QAR)

ACCOUNTABILITY

Rationale:

Commissioners need to show that their plans for referrals and activity are realistic, and will sustain compliance with the NHS constitution's right to access services within maximum waiting times.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

See Appendix B for information on what plans are to be submitted for this measure.

FURTHER INFORMATION

Further information can be found on the Unify website.

This information is provided as a guide and therefore any comments or queries should be addressed to the activity mailbox england.activity@nhs.net.

E.M.2: Consultant Led First Outpatient Attendances (Total activity)

DEFINITIONS

Detailed Descriptor: All consultant-led first outpatient attendances.

Lines Within Indicator (Units): Number of attendances in the period

Data Definition:
A count of all outpatient attendances taking place within the period, whether taking place within a consultant clinic session or outside a session.

The patient must have been seen by a consultant, or a clinician acting for the consultant, for examination or treatment.

Specifically, the number of consultant outpatient attendances for which:

- Der_Attendance_Type = 'Attend'
- Der_Appointment_Type = 'New'
- TFC = Acute, Maternity or Mental Health & Learning Disabilities
- MS is not 560, 950 or 960

This includes first outpatient attendance for all consultant outpatient episodes for all sources of referral.

Activity delivered in a primary care setting lines should also be included.

See the SUS Methodology section for details of derivations.

MONITORING

Monitoring Frequency: Monthly

Monitoring Data Source: Secondary Uses Service tNR (SEM)

ACCOUNTABILITY

What success looks like, Direction, Milestones:
Sustain compliance with the NHS constitution's right to access services within maximum waiting times

Timeframe/Baseline: Ongoing

Rationale:
Commissioners need to show that their plans for referrals and activity are realistic, and will sustain compliance with the NHS constitution's right to access services within maximum waiting times.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

See Appendix B for information on what plans are to be submitted for this measure.

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E.M.3: Consultant Led Follow-Up Outpatient Attendances (Total activity)

DEFINITIONS

Detailed Descriptor:

The total number of consultant-led subsequent attendance appointments.

Lines Within Indicator (Units):

Number of subsequent attendances in the period.

Data Definition:

The total number of follow-up attendance appointments, where the out-patient attendance took place within the period, for which:

- Der_Attendance_Type = 'Attend'
- Der_Appointment_Type = 'FUp'
- TFC = Acute, Maternity or Mental Health & Learning Disabilities
- MS is not 560, 950 or 960

This includes subsequent outpatient attendance for all consultant outpatient episodes for all sources of referral.

See the SUS Methodology section for details of derivations.

MONITORING

Monitoring Frequency: Monthly

Monitoring Data Source: Secondary Uses Service tNR (SEM)

ACCOUNTABILITY

Rationale:

Commissioners need to show that their plans for referrals and activity are realistic, and will sustain compliance with the NHS constitution's right to access services within maximum waiting times.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

See Appendix B for information on what plans are to be submitted for this measure.

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E.M.4: Total Elective Spells (Total activity)

DEFINITIONS

Detailed Descriptor: Total number of elective spells.

Lines Within Indicator (Units): Total number of all elective spells in the period.

Total Elective Spells (E.M.4) is calculated directly from SUS tNR (SEM) via the method outlined below and 'Total Activity' has replaced 'All Specialties'.

Elective Spells (All Specialties) within the previous E.C. series of activity lines (E.C.22) was calculated by the summation of two separate lines (E.C.21 + E.C.32), 'the number of all specialties elective ordinary spells in the period' **AND** 'the number all specialties of elective daycase spells in the period'.

Data Definition:
An Elective Admission is one that has been arranged in advance. It is not an emergency admission, a maternity admission or a transfer from a Hospital Bed in another Health Care Provider.

Number of elective spells relating to hospital provider spells for which:

- Der_Management_Type is either 'DC' or 'EL'
- TFC = Acute, Maternity or Mental Health & Learning Disabilities

Where 'DC' = Daycase and 'EL' = Elective

See the SUS Methodology section for details of derivations.

MONITORING

Monitoring Frequency: Monthly

Monitoring Data Source: Secondary Uses Service tNR (SEM)

ACCOUNTABILITY

What success looks like, Direction, Milestones:
That elective activity will reflect future demand and the move of activity into other primary care and community settings where appropriate.

Timeframe/Baseline: 2015/16 annual forecast outturn

Rationale:
Commissioners need to show that their plans for referrals and activity are realistic, and will sustain compliance with the NHS constitution's right to access services within maximum waiting times.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

See Appendix B for information on what plans are to be submitted for this measure.

FURTHER INFORMATION

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E.M.5: Total Non-Elective Spells (Total activity)

DEFINITIONS

Detailed Descriptor: Total number of non-elective spells in a month.

Lines Within Indicator (Units): Number of non-elective spells in the period.

Data Definition:

A Non-Elective Admission is one that has not been arranged in advance. It may be an emergency admission, a maternity admission or a transfer from a Hospital Bed in another Health Care Provider.

Number of hospital provider spells for which:

- Der_Management_Type is either 'EM' or 'NE'
- TFC = Acute, Maternity or Mental Health & Learning Disabilities

Where 'EM' = Emergency and 'NE' = Non-Elective

See the SUS Methodology section for details of derivations.

MONITORING

Monitoring Frequency: Monthly

Monitoring Data Source: Secondary Uses Service tNR (SEM)

ACCOUNTABILITY

What success looks like, Direction, Milestones:

There should be a reduction in the growth of the number of non-elective activity.

Timeframe/Baseline: Ongoing

Rationale:

Where clinically appropriate, it is better for patients to be treated or continue their treatment at home or in their community rather than in hospital. The local NHS should be looking to treat patients in the most clinically appropriate way.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

See Appendix B for information on what plans are to be submitted for this measure.

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E.M.6: Total A&E Attendances

DEFINITIONS

Detailed Descriptor: Number of attendances at A&E departments.

Lines Within Indicator (Units):
Total number of attendances at all A&E departments.

Data Definition:
There are no additional filters on this field beyond the shared logic detailed in the SUS Methodology section.

Total A&E attendances are taken directly from SUS, with no further restrictions.

MONITORING

Monitoring Frequency: Monthly

Monitoring Data Source: Secondary Uses Service tNR (SEM)

ACCOUNTABILITY

What success looks like, Direction, Milestones:
There should be a reduction in the growth of the number of A&E attendances.

Timeframe/Baseline: Ongoing

Rationale:
Patients requiring urgent and emergency care get the right care by the right person at the right place and time. There are instances where people presenting to accident and emergency departments because they either do not know how, or are unable, to access the care they feel they need when they want it. The introduction of NHS 111 will assist patients in finding the most appropriate and convenient service for their needs so they receive the best care first time. A reduction in the growth of the number of A&E attendances may indicate a more appropriate use of expensive emergency care, and improve use of other services where appropriate.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?
See Appendix B for information on what plans are to be submitted for this measure.

FURTHER INFORMATION

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E.M.7: Total Referrals for a First Outpatient Appointment (G&A)

DEFINITIONS

Detailed Descriptor:

Sum of written referrals from GPs and 'Other' referrals, for a first outpatient appointment in general and acute specialties.

Lines Within Indicator (Units):

Sum of 'Number of GP written referrals in the period' and 'Number of other referrals in the period'.

Data Definition:

The total number of general and acute GP written **AND** other (non-GP) Referral Requests for a first Consultant Outpatient Episode in the period.

Written GP referrals-
Is the total number of general and acute GP written referrals where:

- Referral Request Type = National Code 01 'GP referral request'
- Written Referral Request Indicator = classification 'Yes'

An electronic message should be counted as written, as should a verbal request which is subsequently confirmed by a written request.

Other (non-GP) referrals-
Is the total number of general and acute other referrals requests excluding:

A. GP written referrals; these are where the referral request type of the referral request is National Code 01 'GP referral request' and the written referral request indicator of the referral request is classification 'Yes'.

B. Self-referrals; these are where the referral request type of the referral request is National Code 04 'Patient self-referral request'.

C. Initiated by the consultant responsible for the Consultant Out-Patient Episode referrals; these are where the source of referral for out-patients of the referral request is National Code 01 'following an emergency admission' or 02 'following a domiciliary visit' or 10 'following an Accident And Emergency Attendance' or 11 'other'.

D. Referrals initiated by attendance at drop-in clinic without prior appointment; these are where the out-patient clinic referring indicator of the referral request is classification 'Attended referring Out-Patient Clinic without prior appointment'.

The total number of other Referral Requests (written or verbal) for a first Consultant Out-Patient Episode in the period all referral requests to a Consultant whether directed to a specific consultant or not, should be recorded, regardless of whether they result in an outpatient attendance.

The referral request received date of the referral request should be used to identify referrals to be included in the return.

include: 100-192, 300-460, 502, 504, 800-834, 900 and 901
exclude: 501, 700-715

Monthly Activity Return guidance is available on the NHS England Monthly Hospital Activity web page:

MONITORING AND ACCOUNTABILITY

Monitoring Frequency: Monthly

Monitoring Data Source: Monthly Activity Return (MAR)

ACCOUNTABILITY

Rationale:
Commissioners need to show that their plans for referrals and activity are realistic, and will sustain compliance with the NHS constitution's right to access services within maximum waiting times.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?
See Appendix B for information on what plans are to be submitted for this measure.

FURTHER INFORMATION

Further information can be found on the Unify website.

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E.M.8: Consultant Led First Outpatient Attendances (Specific Acute)

DEFINITIONS

Detailed Descriptor: All specific acute consultant-led first outpatient attendances.

Lines Within Indicator (Units): Number of attendances in the period.

Data Definition:
A count of all outpatient attendances taking place within the period, whether taking place within a consultant clinic session or outside a session.

The patient must have been seen by a consultant, or a clinician acting for the consultant, for examination or treatment.

Specifically, the number of consultant outpatient attendances for which:

- Der_Attendance_Type = 'Attend'
- Der_Appointment_Type = 'New'
- TFC = Acute
- MS is not 560, 950 or 960

This includes first outpatient attendance for all consultant outpatient episodes for all sources of referral.

Activity delivered in a primary care setting lines should also be included.

Specific Acute = Total activity minus Maternity, Mental Health & Learning Disabilities (replaces G&A)

See the SUS Methodology section for details of derivations.

MONITORING

Monitoring Frequency: Monthly

Monitoring Data Source: Secondary Uses Service tNR (SEM)

ACCOUNTABILITY

What success looks like, Direction, Milestones:
Sustain compliance with the NHS constitution's right to access services within maximum waiting times.

Timeframe/Baseline: Ongoing

Rationale:
Commissioners need to show that their plans for referrals and activity are realistic, and will sustain compliance with the NHS constitution's right to access services within maximum waiting times.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

See Appendix B for information on what plans are to be submitted for this measure.

FURTHER INFORMATION

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E.M.9: Consultant Led Follow-Up Outpatient Attendances (Specific Acute)

DEFINITIONS

Detailed Descriptor:

The total number of specific acute consultant-led subsequent attendance appointments.

Lines Within Indicator (Units):

Number of subsequent attendances in the period.

Data Definition:

The total number of specific acute follow-up attendance appointments, where the out-patient attendance took place within the period, for which:

- Der_Attendance_Type = 'Attend'
- Der_Appointment_Type = 'FUp'
- TFC = Acute
- MS is not 560, 950 or 960

This includes subsequent outpatient attendance for all specific acute consultant outpatient episodes for all specific acute sources of referral.

Specific Acute = Total activity minus Maternity, Mental Health & Learning Disabilities (replaces G&A)

See the SUS Methodology section for details of derivations.

MONITORING

Monitoring Frequency: Monthly

Monitoring Data Source: Secondary Uses Service tNR (SEM)

ACCOUNTABILITY

Rationale:

Commissioners need to show that their plans for referrals and activity are realistic, and will sustain compliance with the NHS constitution's right to access services within maximum waiting times.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

See Appendix B for information on what plans are to be submitted for this measure.

FURTHER INFORMATION

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E.M.10: Total Elective Spells (Specific Acute)

DEFINITIONS

Detailed Descriptor:

Number of specific acute elective (replaces G&A) spells.

Lines Within Indicator (Units):

Total number of specific acute elective spells in the period.

Total Elective Spells (Specific Acute) (E.M.10) are calculated directly from SUS tNR (SEM) using the method outlined below. 'Specific Acute' has replaced 'G&A'.

E.M.10: Total Elective Spells (Specific Acute) is calculated directly from SUS using the definition below but is also equal to the sum of the two separate lines for 'Total Ordinary Elective Spells (Specific Acute)' **AND** 'Total Day Case Elective Spells (Specific Acute)' (E.M.10 = E.M.10a + E.M.10b). Note that Elective Spells (G&A) within the previous E.C. series of activity lines (E.C.3) was calculated by the summation of two separate lines (E.C.3 = E.C.1 + E.C.2): 'the number of general acute elective ordinary spells in the period' **AND** 'the number of general acute elective day case spells in the period'.

Data Definition:

An Elective Admission is one that has been arranged in advance. It is not an emergency admission, a maternity admission or a transfer from a Hospital Bed in another Health Care Provider.

It is the number of specific acute elective spells relating to hospital provider spells for which:

- Der_Management_Type is either 'DC' or 'EL'
- Treatment function = Acute

Where 'DC' = Daycase and 'EL' = Elective

Specific Acute = Total activity minus Maternity, Mental Health & Learning Disabilities (replaces G&A)

See the SUS Methodology section for details of derivations, including a diagram summarising the process behind Der_Management_Type.

MONITORING

Monitoring Frequency: Monthly

Monitoring Data Source: Secondary Uses Service tNR (SEM)

ACCOUNTABILITY

What success looks like, Direction, Milestones:

That elective activity will reflect future demand and the move of activity into other primary care and community settings where appropriate.

Timeframe/Baseline: 2015/16 annual forecast outturn

Rationale:
Commissioners need to show that their plans for referrals and activity are realistic, and will sustain compliance with the NHS constitution's right to access services within maximum waiting times.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

See Appendix B for information on what plans are to be submitted for this measure.

FURTHER INFORMATION

Further information can be found on the Unify website.

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E.M.10.a: Total Ordinary Elective Spells (Specific Acute)

DEFINITIONS

Detailed Descriptor:
Number of specific acute (replaces G&A) ordinary elective spells.

Lines Within Indicator (Units):
Total number of specific acute ordinary elective spells in the period.

Total Ordinary Elective Spells (Specific Acute) (E.M.10a) are calculated directly from SUS tNR (SEM) using the method outlined below. 'Specific Acute' has replaced 'G&A'.

Data Definition:
An Elective Admission is one that has been arranged in advance. It is not an emergency admission, a maternity admission or a transfer from a Hospital Bed in another Health Care Provider. The period that the patient has to wait for admission depends on the demand on hospital resources and the facilities available to meet this demand.

Any patient admitted electively with the expectation that they will remain in hospital for at least one night, including a patient admitted with this intention who leaves hospital for any reason without staying overnight, should be counted as an ordinary admission. A patient admitted electively with the intent of not staying overnight, but who does not return home as scheduled, should also be counted as an ordinary admission.

It is the number of specific acute elective spells relating to hospital provider spells for which:

- Der_Management_Type is 'EL'
- Treatment function = Acute

Where 'EL' = Elective

Specific Acute = Total activity minus Maternity, Mental Health & Learning Disabilities (replaces G&A)

See the SUS Methodology section for details of derivations, including a diagram summarising the process behind Der_Management_Type.

MONITORING

Monitoring Frequency: Monthly

Monitoring Data Source: Secondary Uses Service tNR (SEM)

ACCOUNTABILITY

What success looks like, Direction, Milestones:

That elective activity will reflect future demand and the move of activity into other primary care and community settings where appropriate.

Timeframe/Baseline: 2015/16 annual forecast outturn

Rationale:
Commissioners need to show that their plans for referrals and activity are realistic, and will sustain compliance with the NHS constitution's right to access services within maximum waiting times.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

See Appendix B for information on what plans are to be submitted for this measure.

FURTHER INFORMATION

Further information can be found on the Unify website.

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E.M.10.b: Total Day Case Elective Spells (Specific Acute)

DEFINITIONS

Detailed Descriptor:
Number of specific acute (replaces G&A) day case elective spells.

Lines Within Indicator (Units):
Total number of specific acute day case elective spells in the period.

Total Daycase Elective Spells (Specific Acute) (E.M.10b) are calculated directly from SUS tNR (SEM) using the method outlined below. 'Specific Acute' has replaced 'G&A'.

Data Definition:
A Day Case admission must be an elective admission, for which a 'Decision To Admit' has been made by someone with the 'Right Of Admission'. Any patient admitted electively during the course of a day with the intention of receiving care, who does not require the use of a hospital bed overnight and who returns home as scheduled, should be counted as a day case. If this original intention is not fulfilled and the patient stays overnight, such a patient should be counted as an ordinary admission.

It is the number of specific acute day case elective spells relating to hospital provider spells for which:

- Der_Management_Type is 'DC'
- Treatment function = Acute

Where 'DC' = Daycase

Specific Acute = Total activity minus Maternity, Mental Health & Learning Disabilities (replaces G&A)

See the SUS Methodology section for details of derivations, including a diagram summarising the process behind Der_Management_Type.

MONITORING

Monitoring Frequency: Monthly

Monitoring Data Source: Secondary Uses Service tNR (SEM)

ACCOUNTABILITY

What success looks like, Direction, Milestones:
That elective activity will reflect future demand and the move of activity into other primary care and community settings where appropriate.

Timeframe/Baseline: 2015/16 annual forecast outturn

Rationale:
Commissioners need to show that their plans for referrals and activity are realistic, and will sustain compliance with the NHS constitution's right to access services within maximum waiting times.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

See Appendix B for information on what plans are to be submitted for this measure.

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E.M.11: Total Non-Elective Spells (Specific Acute)

DEFINITIONS

Detailed Descriptor:

Total number of specific acute (replaces G&A) non-elective spells in a month.

Lines Within Indicator (Units):

Number of specific acute non-elective spells in the period.

Data Definition:

A Non-Elective Admission is one that has not been arranged in advance. It may be an emergency admission, a maternity admission or a transfer from a Hospital Bed in another Health Care Provider.

Number of specific acute hospital provider spells for which:

- Der_Management_Type is either ‘EM’ or ‘NE’
- TFC = Acute

Where ‘EM’ = Emergency and ‘NE’ = Non-Elective

Specific Acute = Total activity minus Maternity, Mental Health & Learning Disabilities (replaces G&A)

See the SUS Methodology section for details of derivations.

MONITORING

Monitoring Frequency: Monthly

Monitoring Data Source: Secondary Uses Service tNR (SEM)

ACCOUNTABILITY

What success looks like, Direction, Milestones:

There should be a reduction in the growth of the number of non-elective activity.

Timeframe/Baseline: Ongoing

Rationale:

Where clinically appropriate, it is better for patients to be treated or continue their treatment at home or in their community rather than in hospital. The local NHS should be looking to treat patients in the most clinically appropriate way.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

See Appendix B for information on what plans are to be submitted for this measure.

FURTHER INFORMATION

Further information can be found on the Unify website.

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E.M.12: Total A&E Attendances (Excluding Planned Follow-Up Attendances)

DEFINITIONS

Detailed Descriptor:
Number of attendances at A&E departments, excluding planned follow-up attendances.

Lines Within Indicator (Units):
Total number of attendances at all A&E departments, excluding planned follow-up attendances.

Data Definition:
Total A&E attendances are taken directly from SUS with the additional restriction of:

- Exclude all A&E attendances where AEA_Attendance_Cat = 2

The definition is the same as for E.M.6, but with the additional restriction of excluding all planned follow-up A&E attendances.

MONITORING

Monitoring Frequency: Monthly

Monitoring Data Source: Secondary Uses Service tNR (SEM)

ACCOUNTABILITY

What success looks like, Direction, Milestones: See E.M.6

Timeframe/Baseline: See E.M.6

Rationale: See E.M.6

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?
See Appendix B for information on what plans are to be submitted for this measure.

FURTHER INFORMATION

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E.M.13: Endoscopy Activity

DEFINITIONS

Detailed Descriptor:
The number of **endoscopy** diagnostic tests/procedures carried out during the month in question.

Lines Within Indicator (Units):
Total number of **endoscopy** diagnostic tests/procedures (included in the Diagnostic Waiting Times and Activity Datasets) carried out during the month in question.

Data Definition:
Total number of **endoscopy** diagnostic tests/procedures carried out during the month in question. This is based on monthly diagnostics activity data provided by NHS and independent sector organisations and signed off by NHS commissioners.

Numbers are based on the following endoscopy tests collected as part of the Diagnostic Waiting Times and Activity Datasets:

- colonoscopy
- flexible sigmoidoscopy
- cystoscopy
- gastroscopy

The definitions that apply for diagnostics are set out in the guidance for the collection:

MONITORING

Monitoring Frequency: Monthly

Monitoring Data Source: Monthly diagnostics data collection - DM01

ACCOUNTABILITY

What success looks like, Direction, Milestones: To reflect future demand.

Timeframe/Baseline: Ongoing

Rationale:
Commissioners need to show that their plans for activity are realistic, and will sustain compliance with the NHS constitution's right to access services within maximum waiting times.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?
See Appendix B for information on what plans are to be submitted for this measure.

FURTHER INFORMATION

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E.M.14: Diagnostic Activity Excluding Endoscopy

DEFINITIONS

Detailed Descriptor:
The number of diagnostic tests/procedures **(excluding Endoscopy**) carried out during the month in question.

Lines Within Indicator (Units):
Total number of diagnostic tests/procedures **excluding endoscopy** (included in the Diagnostic Waiting Times and Activity Datasets) carried out during the month in question.

Data Definition:
Total number of diagnostic tests/procedures **excluding endoscopy** carried out during the month in question. This is based on monthly diagnostics activity data provided by NHS and independent sector organisations and signed off by NHS commissioners.

Numbers are based on the following diagnostic tests collected as part of the Diagnostic Waiting Times and Activity Datasets:

Imaging

1. Magnetic Resonance Imaging
2. Imaging - Computed Tomography
3. Imaging - Non-obstetric ultrasound
4. Imaging - Barium Enema
5. Imaging - DEXA Scan

Physiological measurement

6. Audiology – Audiology Assessments
7. Physiological Measurement - Cardiology - echocardiography
8. Physiological Measurement - Cardiology - electrophysiology
9. Physiological Measurement - Neurophysiology - peripheral neurophysiology
10. Physiological Measurement - Respiratory physiology - sleep studies
11. Physiological Measurement - Urodynamics - pressures & flows

The definitions that apply for diagnostics are set out in the guidance for the collection:

MONITORING

Monitoring Frequency: Monthly

Monitoring Data Source: Monthly diagnostics data collection - DM01

ACCOUNTABILITY

What success looks like, Direction, Milestones: To reflect future demand.

Timeframe/Baseline: Ongoing

Rationale:
Commissioners need to show that their plans for activity are realistic, and will sustain compliance with the NHS constitution's right to access services within maximum waiting times.

PLANNING REQUIREMENTS
Are plans required and if so, at what frequency?
See Appendix B for information on what plans are to be submitted for this measure.

FURTHER INFORMATION

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E.M.15: Total Diagnostic Activity

DEFINITIONS

Detailed Descriptor:
The number of diagnostic tests/procedures carried out during the month in question.

Lines Within Indicator (Units):
Total number of diagnostic tests/procedures (included in the Diagnostic Waiting Times and Activity Datasets 15 key diagnostic tests) carried out during the month in question.

Data Definition:
Total number of diagnostic tests/procedures (included in the 15 key diagnostic tests) - actual number carried out during the month in question. This is based on monthly diagnostics activity data provided by NHS and independent sector organisations and signed off by NHS commissioners.

Total Diagnostic tests (E.M.15) = Endoscopy activity (E.M.13) + Diagnostics activity (excluding Endoscopy) (E.M.14)

The definitions that apply for diagnostics are set out in the guidance for the collection:

MONITORING

Monitoring Frequency: Monthly

Monitoring Data Source: Monthly diagnostics data collection - DM01

ACCOUNTABILITY

What success looks like, Direction, Milestones: To reflect future demand.

Timeframe/Baseline: Ongoing

Rationale:
Commissioners need to show that their plans for activity are realistic, and will sustain compliance with the NHS constitution's right to access services within maximum waiting times.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?
See Appendix B for information on what plans are to be submitted for this measure.

FURTHER INFORMATION

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E.M.16: Cancer Two Week Waits

DEFINITIONS

Detailed Descriptor:

Two week wait (urgent referral) services (including cancer).

Number of patients seen following an urgent GP referral for suspected cancer.

Lines Within Indicator (Units):

All patients urgently referred with suspected cancer by their GP (GMP, GDP or Optometrist) who were first seen within the given month/quarter.

Data Definition:

All data are to be returned to the Cancer Waiting Times Database (CWT-Db) as per the definitions and mandates for the National Cancer Waiting Times Monitoring Dataset (NCWTMDS) specified to the NHS in Amd 7/2015.

An interactive copy of the NCWTMDS definitions, including the changes specified in Amd 7/2015, is available in the NHS Data Dictionary.

MONITORING

Monitoring Frequency: Monthly and Quarterly

Monitoring Data Source:

Data are sourced from the CWT-Db on a monthly and quarterly basis.

ACCOUNTABILITY

What success looks like, Direction, Milestones: To reflect future demand.

Timeframe/Baseline: Ongoing

Rationale:

Commissioners need to show that their plans for activity are realistic, and will sustain compliance with the NHS constitution's right to access services within maximum waiting times.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?

See Appendix B for information on what plans are to be submitted for this measure.

FURTHER INFORMATION

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E.M.17: Cancer 62 Day Waits

DEFINITIONS

Detailed Descriptor:
Number of patients receiving first definitive treatment for cancer following an urgent GP referral for suspected cancer.

Lines Within Indicator (Units):
Total number of patients receiving first definitive treatment for cancer following an urgent GP (GDP, GMP or Optometrist) referral for suspected cancer within a given month/quarter, for all cancers (ICD-10 C00 to C97 and D05).

Data Definition:
All data are to be returned to the Cancer Waiting Times Database (CWT-Db) as per the definitions and mandates for the National Cancer Waiting Times Monitoring Dataset (NCWTMDS) specified to the NHS in Amd 7/2015.

An interactive copy of the NCWTMDS definitions, including the changes specified in Amd 7/2015, is available in the NHS Data Dictionary.

MONITORING

Monitoring Frequency: Monthly and Quarterly

Monitoring Data Source:
Data are sourced from the CWT-Db on a monthly and quarterly basis.

ACCOUNTABILITY

What success looks like, Direction, Milestones: To reflect future demand.

Timeframe/Baseline: Ongoing

Rationale:
Commissioners need to show that their plans for activity are realistic, and will sustain compliance with the NHS constitution's right to access services within maximum waiting times.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?
See Appendix B for information on what plans are to be submitted for this measure.

FURTHER INFORMATION

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E.M.18: Number of Completed Admitted RTT Pathways

DEFINITIONS

Detailed Descriptor:
The number of completed admitted Referral to Treatment (RTT) pathways. Admitted pathways are RTT pathways that end in a clock stop for admission (day case or inpatient). The volume of completed admitted pathways is often referred to as RTT admitted activity.

Lines Within Indicator (Units):
The number of completed admitted RTT pathways in the reporting period.

Data Definition:
The definitions that apply for RTT waiting times are set out in the RTT Rules Suite.

MONITORING

Monitoring Frequency: Monthly

Monitoring Data Source: RTT Waiting Times Data

ACCOUNTABILITY

What success looks like, Direction, Milestones: To reflect future demand.

Timeframe/Baseline: Ongoing

Rationale:
Commissioners need to show that their plans for activity are realistic, and will sustain compliance with the NHS constitution's right to access services within maximum waiting times.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?
See Appendix B for information on what plans are to be submitted for this measure.

E.M.19: Number of Completed Non-Admitted RTT Pathways

DEFINITIONS

Detailed Descriptor:
The number of completed non-admitted Referral to Treatment (RTT) pathways. Non-admitted pathways are RTT pathways that end in a clock stop for reasons other than an inpatient or day case admission for treatment, for example, treatment as an outpatient, or other reasons, such as a patient declining treatment. The volume of completed non-admitted pathways is often referred to as RTT non-admitted activity.

Lines Within Indicator (Units):
The number of completed non-admitted RTT pathways in the reporting period.

Data Definition:
The definitions that apply for RTT waiting times are set out in the RTT Rules Suite.

MONITORING

Monitoring Frequency: Monthly

Monitoring Data Source: RTT Waiting Times Data

ACCOUNTABILITY

What success looks like, Direction, Milestones: To reflect future demand.

Timeframe/Baseline: Ongoing

Rationale:
Commissioners need to show that their plans for activity are realistic, and will sustain compliance with the NHS constitution's right to access services within maximum waiting times.

PLANNING REQUIREMENTS

Are plans required and if so, at what frequency?
See Appendix B for information on what plans are to be submitted for this measure.

Appendix A: Treatment Function Code Categorisation

Code	Description	Grouping
100	General Surgery	Acute
101	Urology	Acute
102	Transplantation Surgery	Acute
103	Breast Surgery	Acute
104	Colorectal Surgery	Acute
105	Hepatobiliary & Pancreatic Surgery	Acute
106	Upper Gastrointestinal Surgery	Acute
107	Vascular Surgery	Acute
108	Spinal Surgery Service	Acute
110	Trauma & Orthopaedics	Acute
120	ENT	Acute
130	Ophthalmology	Acute
140	Oral Surgery	Acute
141	Restorative Dentistry	Acute
142	Paediatric Dentistry	Acute
143	Orthodontics	Acute
144	Maxillo-Facial Surgery	Acute
150	Neurosurgery	Acute
160	Plastic Surgery	Acute
161	Burns Care	Acute
170	Cardiothoracic Surgery	Acute
171	Paediatric Surgery	Acute
172	Cardiac Surgery	Acute
173	Thoracic Surgery	Acute
174	Cardiothoracic Transplantation	Acute
180	Accident & Emergency	Acute
190	Anaesthetics	Acute
191	Pain Management	Acute
192	Critical Care Medicine	Acute
199	Non-UK provider; Treatment Function not known, treatment mainly surgical	Other
211	Paediatric Urology	Acute
212	Paediatric Transplantation Surgery	Acute
213	Paediatric Gastrointestinal Surgery	Acute
214	Paediatric Trauma and Orthopaedics	Acute
215	Paediatric Ear Nose and Throat	Acute
216	Paediatric Ophthalmology	Acute
217	Paediatric Maxillo-Facial Surgery	Acute
218	Paediatric Neurosurgery	Acute
219	Paediatric Plastic Surgery	Acute
220	Paediatric Burns Care	Acute
221	Paediatric Cardiac Surgery	Acute
222	Paediatric Thoracic Surgery	Acute

223	Paediatric Epilepsy	Other
241	Paediatric Pain Management	Acute
242	Paediatric Intensive Care	Acute
251	Paediatric Gastroenterology	Acute
252	Paediatric Endocrinology	Acute
253	Paediatric Clinical Haematology	Acute
254	Paediatric Audiological Medicine	Acute
255	Paediatric Clinical Immunology and Allergy	Acute
256	Paediatric Infectious Diseases	Acute
257	Paediatric Dermatology	Acute
258	Paediatric Respiratory Medicine	Acute
259	Paediatric Nephrology	Acute
260	Paediatric Medical Oncology	Acute
261	Paediatric Metabolic Disease	Acute
262	Paediatric Rheumatology	Acute
263	Paediatric Diabetic Medicine	Acute
264	Paediatric Cystic Fibrosis	Acute
280	Paediatric Interventional Radiology	Acute
290	Community Paediatrics	Other
291	Paediatric Neuro-Disability	Other
300	General Medicine	Acute
301	Gastroenterology	Acute
302	Endocrinology	Acute
303	Clinical Haematology	Acute
304	Clinical Physiology	Acute
305	Clinical Pharmacology	Acute
306	Hepatology	Acute
307	Diabetic Medicine	Acute
308	Blood and Marrow Transplantation	Acute
309	Haemophilia	Acute
310	Audiological Medicine	Acute
311	Clinical Genetics	Acute
313	Clinical Immunology and Allergy	Acute
314	Rehabilitation	Acute
315	Palliative Medicine	Acute
316	Clinical Immunology	Acute
317	Allergy	Acute
318	Intermediate Care	Acute
319	Respite Care	Acute
320	Cardiology	Acute
321	Paediatric Cardiology	Acute
322	Clinical Microbiology	Acute
323	Spinal Injuries	Acute
324	Anticoagulant Service	Acute
325	Sport and Exercise Medicine	Acute

327	Cardiac Rehabilitation	Acute
328	Stroke Medicine	Acute
329	Transient Ischaemic Attack	Acute
330	Dermatology	Acute
331	Congenital Heart Disease Service	Other
340	Thoracic Medicine	Acute
341	Respiratory Physiology	Acute
342	Programmed Pulmonary Rehabilitation	Acute
343	Adult Cystic Fibrosis	Acute
344	Complex Specialised Rehabilitation Service	Other
345	Specialist Rehabilitation Service	Other
346	Local Specialist Rehabilitation Service	Other
350	Infectious Diseases	Acute
352	Tropical Medicine	Acute
360	Genitourinary Medicine	Acute
361	Nephrology	Acute
370	Medical Oncology	Acute
371	Nuclear Medicine	Acute
400	Neurology	Acute
401	Clinical Neurophysiology	Acute
410	Rheumatology	Acute
420	Paediatrics	Acute
421	Paediatric Neurology	Acute
422	Neonatology	Acute
424	Well Babies	Well Babies
430	Geriatric Medicine	Acute
450	Dental Medicine Specialties	Acute
460	Medical Ophthalmology	Acute
499	Non-UK provider; Treatment Function not known, treatment mainly medical	Other
501	Obstetrics	Maternity
502	Gynaecology	Acute
503	Gynaecological Oncology	Acute
560	Midwife Episode	Maternity
650	Physiotherapy	Other
651	Occupational Therapy	Other
652	Speech and Language Therapy	Other
653	Podiatry	Other
654	Dietetics	Other
655	Orthoptics	Other
656	Clinical Psychology	Other
657	Prosthetics	Other
658	Orthotics	Other
659	Drama Therapy	Other
660	Art Therapy	Other

661	Music Therapy	Other
662	Optometry	Other
663	Podiatric Surgery	Acute
700	Learning Disability	MH and LD
710	Adult Mental Illness	MH and LD
711	Child and Adolescent Psychiatry	MH and LD
712	Forensic Psychiatry	MH and LD
713	Psychotherapy	MH and LD
715	Old Age Psychiatry	MH and LD
720	Eating Disorders	MH and LD
721	Addiction Services	MH and LD
722	Liaison Psychiatry	MH and LD
723	Psychiatric Intensive Care	MH and LD
724	Perinatal Psychiatry	MH and LD
725	Mental Health Recovery and Rehabilitation Service	MH and LD
726	Mental Health Dual Diagnosis Service	MH and LD
727	Dementia Assessment Service	MH and LD
800	Clinical Oncology (Previously Radiotherapy)	Acute
811	Interventional Radiology	Acute
812	Diagnostic Imaging	Acute
822	Chemical Pathology	Acute
834	Medical Virology	Acute
840	Audiology	Other
920	Diabetic Education Service	Other

Appendix B: Planning requirements

Code	Name in Technical Definitions	ProvCom Planning Template	Provider Planning Template	CCG Planning Template	Contract Tracker Template
E.M.1	Total Referrals (All Specialties)	Y - annual	Y - monthly	Y - annual	
E.M.2	Consultant Led First Outpatient Attendances (Total activity)	Y - annual	Y - monthly	Y - annual	
E.M.3	Consultant Led Follow-Up Outpatient Attendances (Total activity)	Y - annual	Y - monthly	Y - annual	
E.M.4	Total Elective Admissions (Spells) (Total activity)	Y - annual	Y - monthly	Y - annual	Y - annual
E.M.5	Total Non-Elective Admissions (Spells) (Total activity)	Y - annual	Y - monthly	Y - annual	Y - annual
E.M.6	Total A&E Attendances	Y - annual	Y - monthly	Y - annual	
E.M.7	Total Referrals (G&A)			Y - monthly	
E.M.8	Consultant Led First Outpatient Attendances (Specific Acute)			Y - monthly	
E.M.9	Consultant Led Follow-Up Outpatient Attendances (Specific Acute)			Y - monthly	
E.M.10	Total Elective Spells (Specific Acute)			Y - monthly	
E.M.10.a	Total Ordinary Elective Spells (Specific Acute)			Y - monthly	
E.M.10.b	Total Day Case Elective Spells (Specific Acute)			Y - monthly	
E.M.11	Total Non-Elective Admissions (Spells) (Specific Acute)			Y - monthly	
E.M.12	Total A&E Attendances excluding planned follow ups			Y - monthly	
E.M.13	Endoscopy Activity	Y - annual	Y - monthly	Y - monthly	
E.M.14	Diagnostic Activity excluding Endoscopy	Y - annual	Y - monthly	Y - monthly	
E.M.15	Total Diagnostic Activity	N/A	N/A	N/A	N/A
E.M.16	Cancer two week wait referrals	Y - annual	Y - monthly	Y - monthly	
E.M.17	Cancer 62 day treatments following an urgent GP referral	Y - annual	Y - monthly	Y - monthly	
E.M.18	Number of completed admitted RTT pathways			Y - monthly	
E.M.19	Number of completed non-admitted RTT pathways			Y - monthly	